



TRANSMITTAL FORM

Attorney Docket No.
FN013/2730CIP2612
#6
11-12-03
P.2In re the application: **Eran STEINBERG et al.** Confirmation No.: **2755**Serial No: **09/467,747**Group Art Unit: **2612**Filed: **December 20, 1999**Examiner: **Ye, Lin**

RECEIVED

NOV 03 2003

Technology Center 2600

For: **Camera Network Communication Device**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from October 18, 2003 to November 18, 2003.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	12	99	0	\$18.00	\$ 0.00
Independent Claims	3	4	0	\$86.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. 6721 in the amount of \$110.00 is enclosed for payment of extension fee.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	October 27, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 27, 2003	
Type or printed name	Grace Alicea
Signature	

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10/30/2003 ZJHAKT 00000068 09467747
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